



PETITION FOR RULEMAKING

I, _____, whose signature appears below, hereby petition the Louisiana Department of Health (LDH), in accordance with the Louisiana Administrative Procedure Act, regarding the following: (Use separate form for each regulation)

Louisiana Administrative Code Citation: _____

The petition request that LDH: (Check all that apply)

- Adopt New Rule(s) Amend Current Rule(s) Repeal Current Rule(s)

On separate page(s), please include the following:

- Specific text or description of proposed language desired for adoption or amendment;
Justification for the requested revision(s);
Specific facts or circumstances that demonstrate the need for the action being proposed;
An explanation of how the requested rule or amendment or repeal of an existing rule would resolve problem identified by petitioner.

Petitioner Information:

Name: _____

Title: _____

Representing (organization): _____

Mailing Address: _____

City _____ State _____ ZIP Code _____

Email (required) _____

Phone (optional) (_____) _____

Signature _____ Date _____

This petition must be signed and submitted via certified USPS mail to:

LDH Rulemaking Coordinator
Post Office Box 629
Baton Rouge, Louisiana 70821-0629

For LDH Office Use Only
Date Received:
Received By:
Signature